

FMS Foundation Newsletter

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August 30, 1993

Dear Friends,

It's happened. We can say it with confidence. The climate surrounding the FMS phenomenon has shifted. We see many indications of change in addition to the media coverage. People are beginning to understand that FMSF is concerned about issues that arise from our understanding of memory and suggestibility. It is important to address these issues so that the good efforts to improve the situation for children and women are not undermined because of incorrect science, careless therapy or fraud.

Professional Indications: An important indication of change is the resolution by the American Medical Association (AMA) warning of the potential for misapplication in the use of memory enhancement techniques in recovered memory of abuse cases. While the specific techniques are not mentioned in the resolution, our data indicate the following to be most commonly used by therapists who believe that they can help clients find hidden memories of events: hypnosis, sodium amytal, guided imagery, participation in survivor groups, reading self-help survivor books, interpretation of dreams, and body massages. "Memories" that develop with these techniques are like all memories of events. Some may be true, some a mixture of fact and fantasy and some false. Scientific evidence about memory processes clearly indicates that memories of events are reconstructed and reinterpreted. Indeed, the problem with memory enhancement techniques is that they have the potential to be especially suggestive for vulnerable clients.

Enforcement Indications: A major FBI probe into fraud at private mental hospitals has taken place as we write this newsletter. See "economic issues" further in the newsletter.

Family Indications: The most important indications of change are reported in your letters. Some families report that the accusations against them have been downgraded from sexual abuse to dysfunctional family abuse. Since the beginning of July, the number of families who have reported renewed contact with an alienated or accusing child has mushroomed. Last year such reports were like drops, then a trickle, now a steady stream. Siblings who once believed the accusations are now inviting parents to dinner. Accusers, mostly younger and unmarried, are making openings: an embarrassed call in the middle of the night saying, "I love you," a letter, the first in three or four years, with "Dear Mom and Dad" and "Love."

Parents who have taken the initiative write that their overtures were well-received—not all, but enough to give hope that this nightmare can end. Sisters and brothers have taken the initiative to arrange meetings—not all, but many such arrangements are leading to regular contact. But will this happen fast enough to help accused parents in their 70's and 80's?

With this change comes a host of new problems. Families are desperate for help. In past newsletters we wrote that parents seemed willing to welcome children back with no discussion of the terrible things that had been said, even when other family members did not want anything to do with the accuser. They told us that they thought that discussion and resolution would follow. Some parents now tell us that they are refusing to consider resumed contact unless there is a full retraction. *"How can there be a meaningful relationship with such things unsaid?"* they ask. *"A mature person must be accountable for his or her actions."*

Letters contain a new set of questions. We do not have the answers. The hurts and the embarrassments on all sides are almost too great to comprehend. We are soliciting professional advice. Professionals and retractors tell us *"Please welcome your child. It is the only way to break the closed system of belief in which they are caught."* But some

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AMA Wary of using 'Memory Enhancement' to Elicit Accounts of Childhood Sexual Abuse

Chicago—The American Medical Association regards the use of "memory enhancement" techniques in eliciting accounts of childhood sexual abuse "to be fraught with problems of potential misapplication," according to a resolution adopted during the annual meeting of the organization's House of Delegates.

The resolution was adopted without comment—and the lack of debate surprised some psychiatrists, who said that the wording of the resolution was "harsh."

There is considerable disagreement among psychiatrists about whether putative long-repressed memories of childhood incest or abuse are genuine or an artifact of treatment by poorly trained therapists using hypnosis and other "memory enhancement" techniques.

The issue has gained prominence through media coverage of patients who say they have recovered memories of abuse and have accused family members who insist that such memories are false.

The AMA resolution also called for a report by the organization's Council of Scientific Affairs evaluating "the validity of techniques used to help patients recall childhood experiences."

Although the AMA council had noted in a 1985 report that accounts elicited with hypnosis "can involve confabulations and pseudomemories," that document did not deal with the issue of repressed memories of childhood sexual abuse.

Joan Stephenson

parents find this suggestion difficult to accept.

The suggestions of professionals and retractors have been to try—when possible—to maintain some contact with the person with memories. If that is the advice, then it speaks to a response when accusing children initiate contact. Can we step back from the anger and accept a "process" of reconciliation that may take place in stages? If a child had been hit by a truck and knocked unconscious only to recover with a strange and hostile personality, would we be angry at the child? Can we consider, should we consider that FMS is the social equivalent of being hit by a truck? These are the questions on the minds of families in September, 1993.

To step back from the anger, can we think about the issues in these terms. It is easy to understand how people get caught by natural disasters, such as hurricanes or tornadoes. It is more difficult for us to see how people get caught by man-made social disasters. Caught in a war such as the horror of Bosnia: yes, we can understand that. Held a prisoner of war and denouncing the homeland: it's more difficult to understand a traitor. Social contagion? Mind control? These are very difficult processes to understand. How could FMS be powerful enough for children to do this? An encapsulated mental aberration? Is that it? It seems so impossible for those we have loved and trusted and thought we knew. "Are we just making excuses for our children," families ask.

The "where there's smoke" type of thinking is affecting families as well as mental health professionals. It is a reality that families have to live with, that writers and mental health professionals, relatives and friends may forever pick, poke and look for the "pathology" in the individuals or the family situations to try to explain this phenomenon. Therapists are trained to look for pathologies, but we wonder if they would they do that about an individual or a family caught in a natural disaster. Unlikely. It doesn't make much sense to ask why an individual or a family was caught in an earthquake unless there was a disregarded warning.

Disasters happen, both natural and social. Our children and their therapists have been caught in a social juggernaut that is wildly out of control. Insisting on a full retraction as a condition of contact may reinforce the closed cycle. It is the closed-system thinking cycle that must be broken and that is likely to be an ongoing process for many families. If a child were hit by a truck, we would expect the return to normal to take some time. It is likely the same when people are hit by "social trucks." Retractors have told us that it took several years to begin to understand their own experiences.

As people become aware of the issues that FMSF has raised, they also have begun to understand that the families who contact the Foundation love their children and want to extricate them from a terrible web of horrible beliefs in which they have inadvertently become entangled. This is incredibly difficult for everyone involved. There are no maps out of this web. Families must create them. The process will be a real test of the strength of families and love.

Pamela

I find that the further back I go, the better I remember things, whether they happened or not.

Mark Twain

Scientific Issues: It appears that a number of people who in the past talked about "repression" now wish to replace that term with "traumatic forgetting" or "traumatic amnesia." According to Christine Courtois "We should be talking about amnesia and traumatic amnesia rather than repression or false memories," (*Psychiatric Times*, Aug '93).

Olio and Cornell, recently noted that "Whether or not repression exists is really a moot point. Although experimental verification of repression is weak, the existence of traumatic forgetting has been convincingly documented." Studies by Briere and Conte, Herman and Schatzow, and Williams and Finkelhor are cited as evidence for traumatic forgetting. (*Making Meaning not Monsters: Reflections on the Delayed Memory Controversy*.) Given the fact that more than 20 states have changed their statutes of limitations based on the theory of repression, it can not so readily be dismissed.

Olio and Cornell argue that "Whether it is possible to 'implant' memories that differ markedly from the individual's experience, such as memories of childhood abuse in an individual who does not have a history of abuse, remains an unanswered question." We must ask just what Olio and Cornell would accept as an answer. Unless empirical

evidence of abuse during space alien abduction or abuse in past lives is forthcoming, one must assume that people who have remembered such experiences are "remembering" something that did not happen. We have found *Hidden Memories* by Robert Baker and *Human Suggestibility* (Edited by John Schumaker) informative on this topic.

Changing the terminology will not change the basic issues of concern to FMSF. Memories can be true, a mixture of fact and fantasy, or false. Memories of events are reconstructed and reinterpreted. People may forget all sorts of things, even traumatic things, and later recall them. The literature of documented cases, such as Terr's study of the Children of Chowchilla indicates that people have difficulty forgetting most traumatic events.

It appears that a remarkable percentage of clinicians are not aware of basic information about memory. The following research may give professionals pause.

Yapko Study: Therapists' Understanding of Memory

Michael Yapko, Ph.D. is a psychologist in private practice who has expertise in the clinical use of hypnosis. He is the author of a widely used text, *Trancework*, and is one of a growing number of concerned professionals who have independently conducted research related to issues raised by FMSF.

In 1992, Yapko collected surveys from 869 therapists nationwide. He asked them to agree or disagree with statements in an effort to examine their understanding about memory processes. His results, which appear in a new book *Suggestions of Abuse*, show that the average respondent was 44 years old, mostly in private clinical practice, had 11 years clinical experience and an education one year past master's.

In an interview with Abe Opincar published in the *San Diego's Weekly Reader* (8/19/93) Yapko describes his shock at the results. "It was scary, to say the least, to find out that my professional colleagues, by and large, believe in myths which they then pass along to their patients as fact." Following are some of the survey questions and Dr. Yapko's comments as they appeared in the Opincar article.

•The mind is like a computer, accurately recording events as they actually occurred.

"33% of respondents agreed with that. It's a terribly erroneous statement, a myth, but a third of therapists believe it, which means that you now have therapists out there who believe that any memory you have is accurate or that if you can't remember something, it's really in there, if only we find the right key to unlock it."

•If someone doesn't remember much about his or her childhood, it is most likely because it was somehow traumatic.

"43% of respondents acknowledged that they'd jump to the trauma conclusion whenever direct memories of childhood are sparse or not available. Now the fact is that most people don't remember their early childhood experiences for purely biological reasons, reasons that have nothing to do with trauma."

•Someone feeling certain about a memory means the memory is likely to be correct.

"24 % hold this mistaken belief."

•You can recover memories even from the first year of life.

"41% agreed. It is an erroneous notion that memories are all accurately stored and retrievable, even those from the first year of life."

•Do you attempt to distinguish between what appear to be true memories and false memories?

"60% said they do nothing to differentiate."

•Hypnosis can be used to recover memories from as far back as birth.

"54% agreed."

•Hypnosis can be used to recover accurate memories of past lives.

"28% said yes."

Dr. Yapko described what he thinks is the process by which a client comes to believe things about herself that may not be true.

"There are different kinds of hypnotic states and different ways of inducing hypnosis. Often you're dealing with what I call informal hypnosis, where you don't go through the formality of an actual induction. You have this situation where you have someone, the therapist, who has credibility, in a position of legitimate authority. And you have someone who comes into therapy, very vulnerable, looking for

answers. And here's the therapist who's in a position of authority, who's viewed as a credible expert. And what's most hypnotic of all, the therapist presents information in a credible way. When people aren't sure, they look for guidance. Uncertainty is one of the most advanced techniques of hypnosis, and it's called the confusion technique. It's a way of deliberately disorienting someone as a way of building responsiveness.

"In the confusion technique, you give a person more information than they could possibly keep up with, you get them to question everything, you make them feel uncertain as a way of building up their motivation to attain certainty. So, for example, if a therapist says to you, 'You fit the profile of an abuse victim,' it sounds very scientific. It sounds like there is a profile, and it sounds like people can be identified on the basis of that profile.

"It puts you in a double-bind. It's a no-win scenario. If you now admit that you were abused as a child, there's something wrong with you. You were abused. If you don't admit that you were abused, then there's something wrong with you, because you're obviously not facing facts, you've repressed the memories. Essentially, in this situation, there's something wrong with you or there's something wrong with you.

"Many times therapists aren't even aware that they're doing hypnosis. They're doing what they call guided imagery or guided meditation, which are all very mainstream hypnotic techniques."

Implications of Yapko Study: If any other medical product had more than 5,144 complaints it would be taken off the shelves and examined. The mental health community simply has no system for doing this. To date the most concrete response has come from the American Medical

Association (see sidebar on first page). Both the American Psychiatric and American Psychological Associations have established task forces to study the problems. This is important, but task forces to study the issues do not offer much personal hope to people in their 70's and 80's.

It is interesting to compare the response of the medical establishment when someone found a hypodermic in a soda can this summer. There was an immediate response. Other cans were examined and television warnings were given. Although other cans with hypodermics were found, these were apparently 'copy cat' situations.

The soda-can/ hypodermic situation gave clear evidence of imitation. Does anyone doubt that there is also 'copy-catting' when celebrities come forth to describe their recovered memories of childhood abuse? Does anyone doubt that there is imitation when the talk shows, the docudramas, the soap operas and the print media saturate us with "undocumented" stories of childhood abuse. Sixty percent of the therapists in Yapko's study did

To take the valuable therapeutic techniques of discussing memories beyond its legitimate use as a means for exploring current functioning, by employing it as a means for establishing historical events, is intellectually dishonest. Ultimately this practice harms patients, those around them and society as a whole.

Our courts do not permit polygraph results to be used as evidence of a defendant's truthfulness, because polygraph results are sometimes accurate and sometimes not. By the same logic, the use of therapeutically derived memories as evidence of historical events should also be banned.

Thomas D. Shazer
Forensic Psychologist
Detroit Free Press 6/ 3/ 93

nothing to differentiate true memories from false memories. Yes child abuse exists and it is a serious problem. We must not make a mockery of child abuse because of ignorance about memory processes.

When clients say (as so many of the children with memories have said to their families) that they think a parent or the cult is going to murder them, when they say that they believe they are the focus of intent of harm from someone, isn't it important to corroborate this belief for the safety of the client, either real or imagined.

If a driver had an accident because she had not bothered to learn the rules for driving a new truck, would we hold that person accountable even though she didn't mean to do it? Obviously we would. Therapists assume a tremendous power and responsibility when they begin to advise people about their lives. A part of that responsibility is understanding the tools of their trade. There has been a terrible failure of the mental health training and monitoring system if the data of Yapko's study are representative of the state of knowledge of memory by therapists.

The 25 Highest Rated Books: National Survey of Clinical and Counseling Psychologists.

In a survey of 500 clinical and counseling psychologists conducted for a forthcoming book entitled *The Authoritative Guide to Self-Help Books* to be published by Guilford Press in late 1993, the book *The Courage to Heal* by Ellen Bass and Laura Davis came out number one. This book was rated highest by more respondents than any other self-help book. Number two was *Feeling Good* by David Burns and Number three was *Infants and Mothers* by T. Berry Brazelton.

Two studies indicate high rate of personal psychosocial trauma in the early life of social work students.

Last autumn we reported on a study that indicated that a very large percent of therapists identified themselves as having been abused in some way. This is of interest to the extent that it might reflect on their practice. Two schools of social work have conducted surveys of their students and also found a very higher rate of family of origin dysfunction and childhood trauma. These studies recommend that social work schools revise their programs because of the effect such a background may have on practice. While a "wounded healer" may have special insight and sensitivity, if the problems have not been worked through, the therapist may bring biases that are harmful to the therapeutic relationship.

"This becomes a fundamental issue of professional competence and ethical practice." Black et al suggest that the Council of Social Work Education could facilitate investigation into this issue by acknowledging it as a priority and by funding needed research.

•Russel, R., Gill, P., Coyne, A., & Woody, J. (Winter 1993). Dysfunction in the family of origin of MSW and other graduate

students. *Journal of Social Work Education* (29) 1. p 121-129.

•Black, P., Jeffrey, D., Hartley, E. (Spring/Summer 1993). Personal history of psychosocial trauma in the early life of social work and business students. *Journal of Social Work Education* (29) 2. p 171-180

DELEGATION MEETS WITH NASW

On July 27, 1993 FMSF representatives met staff of the National Association of Social Work (NASW) at their national headquarters in Washington. The NASW delegation included the Acting Director of Professional Affairs and the Director of the Council for Clinical Practice in addition of officers in charge of ethics and accrediting. The meeting took place in an atmosphere of understanding and collaboration. The NASW staff members seemed aware of the concerns of families who have been harmed by false memories. One of the NASW Staff noted that the issues that faced the social work profession as it relates to false memories were competence and ethics. Some tentative strategies of informing NASW members of the harm being created were agreed to and the development of an appropriate ongoing relationship with the Clinical Council is being explored.

FMSF members will be kept informed of developments. If any member wants more details about this meeting please get in touch with the office

More Evidence of Changed Climate?

Many of you wrote to tell us of your concern that most of the publications aimed at our accusing children had printed much inaccurate information about FMSF during the summer. While it is indeed unfortunate that incorrect information about FMSF has appeared, we view the effort as a sign of the changing climate. These publications have devoted a generous portion of their space to issues of FMS, sometimes as much as 50 percent. They have helped us alert a vulnerable population to the fact that issues of memory are not simple. They have helped us remind people that while some memories are true, some are a mixture of fact and fantasy and some are false. Sometimes these publications forgot to mention that we have a deep concern for issues of child abuse and that we care deeply about people who have been abused. Still, the help that they have given is great and we hope that they will continue to help us inform people about some basic issues of memory and why it is important to use caution when dealing with memories.

It must be a sign of a changing climate that many conferences now include sessions on the issues of FMS. Most of these conferences are highly responsible, and they reflect the response of concerned professionals to the issues we have raised.

A few conferences, however, raise our eyebrows rather than the issues. We received letters, for example, about the cheering behavior of therapists attending a conference in Ann Arbor sponsored by Foote Hospital and the Michigan Psychological Association. On August 7, we were told, more than 200 therapists stood and cheered as one of the speakers denounced her parents. Putting aside the truth or falsity of the abuse allegations because that is not an

appropriate topic for this newsletter, we would comment on the processes involved. The cheering behavior took place at what had been advertised as a scientific meeting deemed worthy of continuing education credit. Is a personal denunciation an appropriate part of a professional meeting? Some attendees told us that they thought not.

How did the cheering therapists know the truth or falsity or even the full story of the accusations by the denouncer? What if the story were not quite right and the denouncer was disturbed? Is it ever professional for a therapist to cheer someone who denounces his or her parents?

As is typical of reports that are received by FMS, the parents were not allowed to be present. They were told it was a professional conference and that they were not qualified to attend. Information that might have presented an alternative view or hypothesis was not allowed. The only difference between most of the reports we receive and this one is that instead of one or two therapists present for the denunciation, there were more than 200. A characteristic of FMS is the assiduous avoidance of any conflicting information. The organizers and participants at the Ann Arbor conference assiduously avoided any alternative explanation on this topic.

This conference is a highly public and visible example of the attitudes and behavior of some therapists that cause families to contact the Foundation. Two hundred therapists cheering at a denunciation of parents does not present an image of therapists as professionals. We wonder if cheering therapists can recall that part of their code of ethics that states: DO NO HARM.

Economic Issues:

Insurance initiatives: Two managed health care providers informed us of newly implemented policy changes that they thought others would be interested in knowing about. In one case, the provider will now only make third-party payments to the therapist who actually services the client rather than to a licensed professional who supervises unlicensed employees. The provider told us that this has greatly improved their monitoring process. In another example, a provider will no longer make payments in "recovered memories of abuse" cases unless it can be shown that good faith efforts were made to involve the accused parents in the diagnosis process. There are many small steps that can be taken by concerned people to help alleviate the problems of the FMS phenomenon.

Priorities: The economic issues of health care are increasingly discussed. "We're spending 14 percent of our GNP" on health care according to Bernard Blook, a Penn professor who specializes in evaluating medical treatments (*Philadelphia Inquirer*, 8/29/93). Such discussion has already begun to focus on what types of mental health care will be covered. Will it be a priority that insurance pay for "recovered memories" of past lives, space alien abductions,

and satanic cult conspiracies, especially if memory enhancement techniques are involved?

Fraud: Investigations into private mental hospitals and health care continue. "Federal officials have said that medical fraud may account for \$80 billion to \$100 billion of the more than \$900 billion that Americans will spend on health care this year," *The New York Times*, (8/28/93), p 1. A recent television documentary captured two examples in which private mental hospitals gave a diagnosis to an insurance carrier before doctors had even interviewed the clients.

"NME Offices Raided in Major Fraud Probe" is the headline in the *Los Angeles Times*, August 28, as we write this newsletter. Besides the fact that sixteen insurers have sued National Medical in federal court for overbilling in the about of \$750 million, there are more than 100 civil suits alleging abuse and mistreatment of patients at company-owned facilities. The investigation of this hospital chain,

which includes facilities about which many parents have complained, is taking place across the country and involves the FBI, Health and Human Services, IRS, Defense Criminal Investigative Service and the U.S. Postal Inspection Service.

The economic implications of raising the simple question of the evidence for "repressed memories" are far reaching and may explain some of the very strong organizational opposition to FMSF. The economic aspects of the FMS phenomenon will emerge as part of

the independent ongoing larger federal investigations into medical fraud. The factors that brought about such investigations overlap with factors that brought FMSF into existence.

A possible history of how FMS fits into the fraud investigations might be inferred from a *Publishers Weekly*, July 5 article by Margaret Jones entitled, "Getting away from the 'R' word," about the dramatic loss in recovery book sales this past year—in some cases up to 40 percent.

"By 1990, recovery had exploded into the mass culture, accounting for an estimated \$60 million per year in retail book sales. The boom was supported during the '80s by the insurance industry, which paid for the in-patient recovery programs to which corporations across America were sending tens of thousands of employees.

"Then in the late '80s, insurance companies pulled the plug on the inpatient hospital treatment programs. Many treatment centers downsized or closed, and word-of-mouth was dramatically reduced. The insurance bust converged with the glut of books, which coincided with the recession."

Is it a coincidence that accusations based on the "recovery of repressed memories of abuse" began to explode just when insurance payments for other in-hospital recovery were cut? Childhood abuse was said to cause post traumatic stress syndrome, a condition still covered by insurance. This is the sort of question families and investigators are asking.

According to a notice in U.S. News and World Report on August 23, recovery book sales have taken a deep drop this year estimated between 11% and 40%. In the same notice was information that several new books that debunk or lampoon the "recovery movement" will soon be available. *Suggestions of Abuse* by Michael Yapko and *Enough Is Enough: Weekly Meditations for Living Dysfunctionally*, are published by Simon & Schuster. *Healing Your Inner Dog* by Nicole Gregory & Judith Stone, Times Books

Whining about abuse is an epidemic

Rowland Nethaway

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A recent Jules Feiffer cartoon hit home. It had eight panels and showed an attractive young couple standing face to face. In the first panel, the woman says, "I just met you. So I'm concerned about date-rape." The man in the first panel has a big smile and a look of anticipation.

In the second panel, the woman says, "So don't hold my hand." The man is still smiling, but a bit less. In the third panel, the woman says, "Don't put your arm around me." The man stops smiling. In the fourth panel, the woman says, "Don't kiss me." The man looks puzzled. In the fifth panel, the woman says, "Don't fondle me." The man frowns.

In the sixth panel, the woman, looking angry, says, "Don't grope." The man looks angry. In the seventh panel, the woman looks surprised as the man turns away. In the last panel, the woman yells at the now departed man, "Rejection is abuse, you know!" Well, of course it is, dear. What isn't abuse these days?

Is it just me, or does it seem as though abuse is sweeping the country? It's hot. It's in. It's bigger than recycling, spotted owls, rain forests and the ozone hole.

Many Americans feel they just haven't lived unless they've been abused. There are now support groups in cities and hamlets from sea to shining sea for every imaginable form of abuse. Abuse exploded out of the closet into a major American industry. It's the subject of movies, television shows and countless articles.

Abuse is such a hot topic that it constitutes abuse if you can't remember ever being abused. And why not? Why should you be left out when all your friends and all the big tabloid stars have heart-rending stories about their abuse? It just isn't fair.

But where there's a will, there's a way. A theory advanced in a hot-selling book comes to the aid of people who can't recall being abused. As I understand it, the logic behind this theory is flawless.

If things aren't going as well in your life as you believe they should be going, then you probably have suffered abuse you can't recall. It's buried deep inside. It's clogging things up. It prevents you from feeling better and reaching your full potential.

To overcome this inability to recall abuse in your life, you must sit down and try to picture being abused. Sometimes it helps to pay a professional abuse seeker to bring this out. But if you

keep working at it, eventually the abuse will come to you. Then you can sue your parents or the other guilty parties, share your story with friends and literary agents and be on your way to recovery.

Where did this nationwide epidemic of abuse come from? My guess is television. It's responsible for everything else that's wrong in America. Why not abuse, too? Of course there are handguns, trial lawyers, foreigners and Congress to consider.

Abuse is blamed for the breakup of families, poor academic achievement, drug use, violence, crime, unemployment, dead-end jobs, sloth, greed, promiscuity and burned corn bread. America is becoming a nation of whiners. No stone is left unturned in search for excuses.

Abuse now starts before conception. It is practiced by prospective parents, parents, adults, siblings, peers, teachers, lovers, spouses, employers, government and society.

Feeling left out and picked on by all the other abused Americans, wealthy white males now say they are being abused. That's a good sign. Now everyone in America is a victim of abuse. We all have excuses. We can start clean, take responsibility for our lives and hope it becomes the next trend. □

When a memory is distorted, or confabulated, the result can be what has been called the False Memory Syndrome—a condition in which a person's identity and interpersonal relationships are centered around a memory of traumatic experience which is objectively false but in which the person strongly believes. Note that the syndrome is not characterized by false memories as such. We all have memories that are inaccurate. Rather, the syndrome may be diagnosed when the memory is so deeply ingrained that it orients the individual's entire personality and lifestyle, in turn disrupting all sorts of other adaptive behaviors. The analogy to personality disorder is intentional. False Memory Syndrome is especially destructive because the person assiduously avoids confrontation with any evidence that might challenge the memory. Thus it takes on a life of its own, encapsulated, and resistant to correction. The person may become so focused on the memory that he or she may be effectively distracted from coping with the real problems in his or her life.

April 1993. John Kihlstrom

Recovery of Memory in Laboratory and Clinic

A Paper presented at the joint convention of the Rocky Mountain Psychological Association and the Western Psychological Association, Phoenix

Legal issues:

Rules for scientific testimony changed: "For 70 years, the Supreme Court has used a standard for admitting scientific testimony into evidence in federal courts based on 'general acceptance': A scientific technique had to be generally accepted by the scientific community before evidence derived from it could be admitted." In June, a decision in the case *Daubert v. Merrell Dow Pharmaceuticals* the Court threw out the old standard, known as the Frye test, and told the judges to think like scientists. Judges will now "have to decide which experts will be allowed to testify before a jury and what they may discuss." A report by the Carnegie Commission on Science, Technology and Government, Science and Technology in Judicial Decision Making will be one source of help to judges in making these decisions. "Most experts say it will take considerable time to measure the impact of the court's new standard on the quality of scientific witnesses in the courtroom." *Science* (261) 2 July 1993.

The Court gave some guidelines for screening scientific evidence under Rule 702 of the Federal Rules of Evidence. Included in these guidelines is a statement that the court should determine whether the theory or techniques in question can be (or have been) tested. How will this relate to the "theory of repression?"

Who is Adversarial? FMSF has been accused of being adversarial. We cite the following: On the Oprah Winfrey show that was broadcast on July 26, 1993, the following exchange occurred between Jack Collier of Santa Cruz and Ellen Bass (also of Santa Cruz):

Collier: My daughter followed your book to the letter, including choosing her attorney off page 311.

Bass: The *Courage to Heal* does not tell anyone that they should sue, it doesn't even tell anyone that they should confront.

We are sure that Ms Bass was sincere in that claim. Perhaps she forgot. Just before listing those attorneys on page 311 the book quotes the first of them as follows (page 310):

In my experience, nearly every client who has undertaken this kind of suit has experienced growth, therapeutic strengthening, and an increased sense of personal power and self-esteem as a result of litigation...a lot of my clients also feel a tremendous sense of relief and victory. They get strong by suing. They step out of the fantasy that it didn't happen or that their parents really loved and cared for them in a healthy way. It produces a beneficial separation that can be a rite of passage for the survivor.

Therapeutic litigation! Please note that Ms Bass is technically correct—the book does not tell anyone that she should sue. And it doesn't say that she should confront, indeed, on

page 143:

Whatever your reasons, if you're not ready for a confrontation, or if it's not right for you, don't feel obligated to do one. You can heal without it.

But this comes after we read on page 139:

There are many ways to confront or disclose. You can do it in person, over the phone, through a letter, in a telegram, or through an emissary. Twenty years ago, a woman went to her grandfather's funeral and told each person at the grave site what he had done to her. In Santa Cruz...There they are, ten or twenty women surrounding a man, giving tangible support to the survivor, as she names what he has done to her. This makes for a dramatic and effective confrontation. One survivor told us the story of a woman who exposed her brother on his wedding day. She wrote down exactly what he'd done to her and made copies. Standing in the receiving line, she handed everyone a sealed envelope, saying, "There are some of my feelings about the wedding. Please read it when you get home." The initial confrontation is not the time to discuss the issues, to listen to your abuser's side of the story, or to wait around to deal with everyone's reactions.

Who is adversarial?

Richard Kluft, M.D. continues to provide us with quotations. On the Aug 10 telecast of the 700 Club he said "We're seeing a terrible thing because we're seeing an adversarial process brought into to disrupt the healing process." Strangely enough he was complaining about us. Besides *Courage to Heal*, perhaps he should look at the recent article by Sylvia Chute that advocates "Adult Survivor Litigation as an Integral Part of the Therapeutic Process" in *The Journal of Child Sexual Abuse* Vol 2(1) 1993. Dr. Kluft took the same occasion to provide more evidence of our effectiveness when he complained "It is a rare day that half of my patients don't mention the False Memory Syndrome Foundation"

We ask again. Who is adversarial?

Political Issues - Is this a witch hunt?

The ongoing coverage by the media is another sign of the change in climate. The vast majority of the coverage is increasing in depth and understanding of the varied and complex issues of memory and suggestibility.

FMS is just a part of a larger phenomenon. The Frontline documentary on the Little Rascals case in Edenton, NC resulted in many professional calls to the Foundation, even though the topic was alleged sexual abuse in a day care setting. In this program, several jury members said that they saw no evidence, did not think a person was guilty of the crimes charged and yet voted to convict. "I didn't know it was this bad," said one doctor. "It was the most chilling show I have ever seen," said a professor of psychology. "Sex abuse hysteria is real. It really is a witch-hunt," said a reporter. We agreed with each of them.

And from Africa: "I'm finding a lot of people suffering from stress that is presenting itself as a psychosomatic illness," said Maxwell Okonji, a Kenyan psychiatrist. "They can't see the connection between the pressures they are suffering under and the way they feel. It is easier for them to see it as something cast on them." An explosion of "witch-hunting" in Kenya this summer has left 50 people dead. In one example four sons hacked their parents to death claiming the couple bewitched them. It appears that a basic belief in witchcraft has fueled a hunt for witches to blame

for the country's worsening economic crisis. (Associated Press, D. Schanche, 7/30/93)

Witch hunts can and do happen and the definition of "witch" is culturally determined. In times past, many treatises were published on the signs and symptoms of witches. Now we have books on the signs and symptom of "abusers." Do many books about a topic make it so?

FROM OUR READERS

A large proportion of our mail is from professionals. With this issue, we begin to print some of the positive and negative letters from professionals.

Dear Editor

I've just finished listening to the audio tapes of the April, 1993 conference, "Memory and Reality: Emerging Crisis," at Valley Forge, Pennsylvania. I was quite impressed with the quality of presenters - experts on hypnosis, memory, forensic psychiatry, etc. However, I was dismayed at the bashing that several presenters engaged in against both the diagnosis of multiple personality disorder (MPD) and the International Society for the Study of Multiple Personality and Dissociation (ISSMP&D).

Your readers should know that MPD is an official diagnosis which has been in the American Psychiatric Association diagnostic manual (DSM) since 1980. MPD has been discussed in the scientific literature since the mid-eighteenth century, although it has been called by different names and will have yet another name change, dissociative identity disorder, when DSM-IV is published in 1994. In the past several years there has been a tendency towards an over-diagnosis of MPD, so the diagnostic criteria have been tightened by the addition of an amnesia criterion for DSM-IV. In North America there still appears to be professional skepticism towards MPD as a diagnosis, but this comes mostly from older clinicians who claim never to have seen a case. Although the precise incidence of MPD is unknown, it is recognized as occurring more commonly than previously, and other dissociative symptoms have been noted as occurring extremely commonly both in the general and psychiatric populations.

The ISSMP&D is a professional organization devoted to research and education about MPD and the other dissociative disorders. It was founded in 1983 and has grown from about 40 charter members to well over 2500 members at the present time.

The official journal of the ISSMP&D is Dissociation, which is now in its sixth year of publication. In October the ISSMP&D will have its tenth annual scientific meeting. Two years ago the theme of our conference was memory and a number of memory and hypnosis experts from around the country served as plenary speakers. Contrary to what some people believe, the ISSMP&D does not sponsor workshops on satanic ritual abuse (SRA), although there have been various symposia presented on SRA at our meetings, and Rush-Presbyterian-St. Luke's Medical Center has sponsored conferences on SRA, usually after the ISSMP&D annual scientific meeting.

Other experts on MPD including myself have spoken and published and participated in peer review examinations on the therapeutic abuses that many of your speakers addressed in your April, 1993 conference. These include misdiagnosis of MPD and sexual abuse, failure to obtain collateral information from family members, failure to maintain therapeutic boundaries, failure to maintain therapeutic neutrality, misuse of insurance monies, etc. Currently members of the

ISSMP&D are working on therapeutic guidelines to address these abuses.

As a past President of the ISSMP&D I would hope that we could establish a dialogue between our respective organizations. We need to attend and speak at each others' conferences and read each others' literature. I publish a "Recent Articles and Books" column for the ISSMP&D Newsletter and would welcome the submission of items of scientific literature that address false or pseudomemories.

The occurrence of childhood sexual abuse is a tragic phenomenon of our society; the occurrence of false

claims of sexual abuse is equally tragic. Both rip at the very fabric of our traditional family, long considered the mainstay of American society. We must work together to lessen the incidence of both phenomena.

Sincerely yours,
Philip M. Coons, M.D.

We welcome a dialogue with Dr. Coons and hope it is a beginning of dialogue with many professionals who may hold some notions with which we may not agree. When people surround themselves only with those who think exactly the same, ideas will not be challenged. It is by challenging ideas that we refine our theories and develop new theories.

WHERE DO 5,144 FAMILIES LIVE ? AUG 28, '93

AK (10)	AL (18)	AR (18)	AZ (145)	CA (845)
CO (89)	CT (51)	DE (19)	FL (209)	GA (63)
HI (7)	IA (40)	ID (28)	IL (214)	IN (55)
KS (48)	KY (19)	LA (22)	MA (133)	MD (91)
ME (26)	MI (166)	MN (91)	MO (97)	MS (6)
MT (33)	NC (70)	ND (6)	NE (25)	NH (24)
NJ (124)	NM (39)	NV (21)	NY (238)	OH (182)
OK (46)	OR (130)	PA (273)	RI (16)	SC (23)
SD (12)	TN (39)	TX (201)	UT (159)	VA (73)
VT (24)	WA (238)	WI (163)	WV (10)	WY (11)
	DC (7)	VI (3)	PR (1)	
Canada :	AB (18)	BC (54)	MB (39)	NS (11)
ON (146)	PQ (4)	SK (7)	PE (1)	
Australia (5)	England (150)	France (2)	Germany (1)	
Ireland (1)	Israel (2)	Netherlands (1)	New Zealand (1)	

Each family represents many people.

In the May newsletter we printed a list of criteria that we thought had been designed to indicate characteristics of incestuous families. We looked at the list and at the data from the family surveys and suggested that such a list might also be a helpful indicator of non-incestuous families. In doing this we caused great distress to the originator of the criteria which was not our intention. We received the following letter:

July 5, 1993

Dear Editor:

I am responding to the article entitled "The Calof Criteria," in the May 3, 1993, FMS Foundation Inc. newsletter. To begin with the tone of this article is very off-putting to me. It appears that my research with incestuous families is not being used to develop an objective exploration of issues of memory and traumatic memory, as much as it is being manipulated to support a previous bias. This is no more scientific than the preponderance of the publicity being generated by the Foundation. My list of characteristics were never intended as a weighted checklist nor does the absence of any trait in any case reliably rule out sexual abuse. Certainly, the absence of multiple personality disorder does not preclude abuse. The "member" who cited my incestuous family criteria fails to mention anything about patients' symptoms in determine whether they have survived abuse or trauma.

You're stated attitude that "it is not clear if accused parents should accept any of the burden of proof in these cases" also puts me off. It speaks to a sense of entitlement that I am sure you would not tolerate in the reverse. I am wondering what you will do if truly abused individuals start bringing suits against their perpetrators, charging their perpetrators with "false memory syndrome," due to the propagandistic and proselytizing efforts of the Foundation. Will you then say those accusing others of false memory syndrome need offer no burden of proof?

This article, like most of the rest of the literature I have seen generated from you group, patently denies the distinction between forensic psychology and psychotherapy. Routinely, you ask therapists to violate confidentiality in order to obtain corroborative evidence for their patient's claims. The "member" is quoted as stating, "One would hope that a therapist whose client develops memories of incest would think it routine to check this list against the record." This statement is astonishing to me in two ways. First, it shows absolute ignorance of issues of confidentiality and privacy in conducting effective psychotherapy. Second, it contains a maddening presupposition that some kind of "record" can be reliably checked for crimes committed decades ago.

For the anonymous "member" who would have me being Columbo to my patients' claims, I have several questions. Would this "member" be willing to advocate for greater funding of community mental health centers where the vast majority of traumatized individuals are being seen? At present most of the therapists there all have waiting lists of patients who are in dire straits and who need treatment. Even if it was intellectually and therapeutically sound for therapists to become detectives, how does this individual propose to pay for the many extra hours this kind of investi-

gative work would entail?

I'm wondering also if your members would submit to the same standards they propose. Would they agree that if they come to therapy alleging "false memory syndrome" in a member of their family, that their therapist should have free access to physicians, teachers, childhood friends, and associates, to establish whether they are lying, or suffering from a dissociative disorder or alcoholism? Would they encourage a therapist to independently seek verification for any statements they produce in therapy? If they placed themselves in this scenario, I'm sure they will see how this confusion of roles is antithetical to psychotherapy itself.

Lastly, your movement began as an attempt to mount legal defenses for allegations of abuse in your families. That is where you should confine your efforts. It is clear that your Foundation will contribute very little to increase our knowledge of effective psychotherapy. Your attacks and sometimes vicious ad hominem attacks on therapists do nothing to advance the level of the debate. Deal with the obvious pain in your own families. You will be far more credible to others if you are able to heal the obvious dysfunction in your own families. Simply because your families are in a state of siege, does not uniquely qualify you to speak to scientific issues. Because the Foundation's efforts have been disruptive, re-traumatizing and hurtful to innocent people, I can only assume that your motives are disingenuous if these uniformed and mean-spirited attacks continue.

I remain available for a true scientific dialogue on issues of traumatic memory but I must demand in the strongest terms that my clinical research not be allegedly "scientifically" reviewed by a lay individual who as a matter of record has an axe to grind.

Sincerely,
David L. Calof

FMSF Response: *The possibility that the Calof Criteria might be used to argue that abuse did not take place appears to have upset Mr. Calof. Actually a good question presents itself: just what was the purpose of his list of the sixteen traits "most often used by incestuous families to maintain the integrity and homeostasis of the family unit"? One would have thought that at least one of their purposes is to make it easier to recognize incestuous families (as suggested by Mr. Calof when he calls them "my incestuous family criteria"). And one would have thought that the extent to which the Calof Criteria can do that must have some connection with the extent to which the Calof Criteria can make it easier to recognize non-incestuous families.*

To consider his points in the sequence presented, we do not disagree with "nor does the absence of any trait reliably rule out sexual abuse." Of course not. But we wonder about the absence of most or even all of them? Mr. Calof says that "the absence of multiple personality disorder does not preclude abuse." This confuses us. Is MPD considered a family trait? Is the absence of MPD then confirmation of false memory syndrome? Mr. Calof then complains that we failed "to mention anything about patients' symptoms." We are confused.

We are sorry that Mr. Calof is put off by the sentence: It is not clear if accused parents should accept any of the burden of proof in these cases. But he might have noticed

the antecedent in the previous sentence: Lawyers use the phrase "proving a negative" to describe the impossible task of proving that something did not happen. Mr. Calof goes on to ask "Will you then say that those accusing others...need offer no burden of proof?" No, we would not say that at all. We are saying that the accuser should offer the burden of proof. It's the accused that maybe shouldn't. This is a fundamental aspect of our legal system and our logic system: It is the accuser who should offer the burden of proof. "When did you stop beating your wife?" is the classic example given to school children.

As for the next two paragraphs, in which Mr. Calof tries to make it appear ludicrous that anyone would suggest that a therapist should be concerned with checking the record, we would remind him that the answer appeared in the same issue as *The Calof Criteria*, indeed, on the same page. Perhaps Mr. Calof should address Dr. Paul McHugh about his "absolute ignorance of issues of confidentiality and privacy in conducting effective psychotherapy," particularly when Dr. McHugh advises asking whether the accuser's therapist has also asked for information from these sources.

Mr. Calof asks, "Would they agree that if they come into therapy alleging 'false memory syndrome' in a member of their family, that their therapist should have free access to physicians, teacher, childhood friends, and associates, to establish whether they are lying, or suffering from a dissociative disorder or alcoholism? Would they encourage a therapist to independently seek verification for any statements they produce in therapy." YES, YES, YES! That's just what the families are asking for. When he writes "If they placed themselves in this scenario, I'm sure they will see how this confusion of roles is antithetical to psychotherapy itself" it seems that Mr. Calof must be assuming that we are guilty.

In his "Lastly" paragraph Mr. Calof seems to be saying that he was being attacked. Does the printing of the *Calof Criteria* constitute an attack? We would point out that Mr. Calof makes unsubstantiated assertions about how our "movement began," about our "vicious ad hominem attacks on therapists," about the "obvious dysfunction" in our families, about the Foundation's efforts being "disruptive, re-traumatizing and hurtful to innocent people." And then he refers to "these uninformed and mean-spirited attacks." Indeed. Who is attacking whom?

Mr. Calof follows the "Lastly" paragraph by saying that he "must demand in the strongest terms that [his] clinical research not be allegedly 'scientifically' reviewed by a lay individual who as a matter of record has an axe to grind." We did not suggest that we were scientifically reviewing research. We thought that we noted that a list of criteria for recognizing incestuous families was already in the literature. We suggested that if such a list could be used to note incestuous families then the same list could be used to note non-incestuous families by the absence of the characteristics. We are sorry that this assumption has so upset Mr. Calof.

FROM OUR READERS - FAMILIES

Story after Story: Impressions of an FMSF Meeting

"One freshly initiated law suit. Other stories all similar. *The Courage to Heal* book over and over. Some families with no contact for three or four years. Some with letters returned, unopened. Some taking money from home, both checks and cash. Some never cash the checks that are sent as gifts. Heartbroken moms and dads not seeing their children or grandchildren. Some quite elderly. They are so sad. Tears. Some, the father alone was supposedly the molester and some the mother supposedly helped and held her legs. Eight attempted suicides by one daughter. Some siblings with parents, others validating the accuser. People in high positions not wanting publicity. Ministers with daughters doing this. Therapists with daughters doing this. Story after story.

Many Kinds of Trauma

"Millions for Counseling Riot Victims Went Unspent" was the August 13 headline in the Los Angeles Times. Half of a federal \$5.9 million dollar grant for trauma victims of the Los Angeles riots had to be returned because mental health agencies could not find ways to use the money. Not enough victims came to the agencies for support, was one reason given. Minority victims are wary of involvement with government agencies it was explained. Contrast the efforts to help victims in this real, tangible current trauma, documented in reality trauma, with the efforts mounted for possible sex abuse victims in the article, "Family Service chosen for child abuse funding," *Desert Post*, August 11. Note that in the latter case, the agency and therapists have gone into high gear to find the victims. They are using volunteers and bilinguals to help find minority victims.

"Fires, shootings, looting, vandalism, racial riots do not seem to incur the wrath of therapists. But undocumented projections of child abuse bring therapists running to claim child victims to be removed from their families. Maybe I am misinterpreting, but that's what it seems to me is the case.

A Mom

Feelings After Contact is Resumed

"My dilemma, is that in spite of the peace offering and the fact that she is going through a very tough time, I still find it very hard to forgive her, and this makes me feel ashamed. Telling her how I felt did make me feel a bit better, and I hope to come around before long, though I suspect she still has feelings of animosity towards me. This may be why I'm reluctant, for I wonder if she only wants new material for her therapy group."

A Mom

Evidence of a Mind Set

"A friend of mine was arrested for drunk driving. She later told me about the twenty-four questions she was asked during her interview. Twenty-two questions focused on her past driving record and the other two were, "Do you believe you were sexually abused?" and "Do you think you were ever sexually abused?" She said that she answered "no" to these questions as she did to most of the other questions.

"Later, she told me that she was incensed to discover the written remarks accompanying the questions. "Subject denies being abused" and "Subject is in deep denial." Remarks accompanying the other questions were "yes" or "no."

"There is no way that someone cannot have been abused when questions are handled in this way. If a person says "yes" then they were abused and if they say "no" then they are classified as denying their abuse. It is quite remarkable.

A Friend

It's Important to Write Letters

"We can make a difference. One TV executive told me he received a letter and he was sure that the person who wrote it had no idea what a stir it made. It went from office to office until finally it was answered. One letter is equated to the feelings of 100,000 people, he said. That's how few people write. We can make a difference"

A Daughter's Call

"My daughter called me about two weeks ago. This was the first contact since last November at which time I had despaired and had decided to not initiate further calls to her. It was all just too upsetting. So this recent call came as a surprise. She called as though nothing much was wrong, almost as though she had been on a long trip, perhaps to another planet, and was now calling to bring me up to date on her life.

"The first hour went reasonable well though she talks incessantly about herself and showed relatively little interest in learning about others. During this time, she disclosed that, as a nurse, she has embarked on a graduate program in psychiatric nursing and is now herself doing therapy at some unfortunate small hospital. In the course of making some extravagant claims about her talents and gifts for this line of work, she allowed that the enormous amount of suffering that she went through as a child probably contributes to her inestimable skill as a therapist. She said this, or words to that effect a couple of times. The first time I let it go, but not the second. It was too much.

"An unpleasant conversation followed. I think that you might find the following revelations to be of interest. One is that her father and I have been downgraded from child "abusers" to "negligent parents." Mainly, it seems, we were negligent because, for one thing, her father was away at work a lot of the time (which is true). Another reason is that she remembers that I sometimes became angry. The third is -- and this is the frosting on the cake -- she did not feel "safe." Probing on my part revealed that this meant that she did not always feel "safe" to disclose to her father and me

all of her inner feelings. And that's it. She is now sure that she was not sexually abused.

"For this, I have not seen her or my grandchildren for more than four years and was not even spoken to for more than three. For this, I have received devastating, vitriolic letters.

"A friend of mine has confided in me about her 34 year old daughter. This young lady has accused them of not showing sufficient love for her, mainly because they never made her work for anything. They gave her everything, she complains -- expensive college, trips to Europe, nice clothes, etc. She hadn't thought much about this, she says until she went to a therapist. Then she realized that what she had experienced was a form of child abuse, and she is quite angry about it.

A Mom

Taking Action

Our family's story is entering a new chapter. Collectively the family decided it's time to gain the offensive. We reached that decision because my daughter's psychological condition compared to a year ago is much worse. The charges are becoming increasingly bizarre. We are consulting with an attorney with the intent of filing a lawsuit so we can gain custody of her. As terrible as that sounds and as hard as this will be for her, we no longer feel we have an alternative.

Parents

Even in South Africa

"In May my wife and I celebrated our golden wedding. It was the happiest occasion for my wife and me, surrounded (as we then thought) by the love and loyalty of our family.

"Some six weeks later, when my wife was working in the garden, she was called into the house. She found the family assembled there, the children and their spouses. They were sitting at the large dining room table and she was asked to join them. Without any preliminaries, she was told that while under a truth drug one daughter had implicated me and one of her brothers. There was a tape recording of what she said.

"My wife was stunned. The shock could have turned her mind or killed her. It was sprung on her without warning: there had been no private discussion with one or other of the children prior to her being hauled before this tribunal. What was virtually a cross-examination followed: was she not aware that I, her husband for 50 years, was a child molester? After enduring this cruel exchange she left and I happened into the room only to hear the same thing.

"That night my wife and I were completely alone. A wall of shame and suspicion had been thrown around our cottage. The bricks were thin by comparison.

"Your public image as a respected and honourable man fits perfectly with the profile of a child molester" said the therapist when we met to complain. She then made a threat of imprisonment. Speaking more to my wife than to me she said the courts these days weren't showing much sympathy for molesters and that one had recently been jailed for three years on evidence no stronger than that

against me.

"Our accusing daughter has cut all communication. She will not allow her children to telephone her or visit. A mother and grandmother could suffer no greater deprivation and heartbreak.

A Dad

Please Hurry Up

"I cannot admit something I know didn't happen. My daughter is so wrong. Since I know I didn't do this, I feel she has been brainwashed by her therapists and made pathetically sick herself. I used to feel hurt and angry at her, but now I feel sorry for her. The therapists who do this to people who used to have nice homes, parents, husbands and children are actually the perpetrators. They have destroyed my daughter's mind as well as her life and devastated our lives, a mother and six other children. I am 72 years old now and just wish she would recant but if she is still in therapy and conducting an incest therapy group with her sick mind, not having known about it for 38 years, she is helping to devastate more families and their children. She has no training at all to influence people in this way. She has a BA degree in Sociology. She is in no way trained to counsel other people.

"I wish so much your foundation would hurry up, but I know it takes time. I am happy to see that the American Psychiatric Assn and the American Psychological Assn are forming task forces to study this problem and come up with something to help us old parents and families.

LOGICAL THINKING?

We felt it necessary to comment on an article that appeared in the June *Vanity Fair*. Our letter as it was published:

With the publication of "Nightmares on Main Street" the editors of *Vanity Fair* have lent the dignity of a serious magazine to the satanic-conspiracy theory.

If you do wish to compete with the talk shows, then you ought to consider all the other conspiracy-therapy fashions. You might start with the space-alien abduction specialists—their credentials are much more impressive. Contact John Mack M.D., the Pulitzer Prize-winning professor of psychiatry at Harvard Medical School, and he will supply you with all sorts of material which will prove, among other things, that far more people have memories of being physically examined by space aliens than have memories of satanic abuse.

May I suggest that if you really wish to move any of these theories out of the talk shows you should apply the same standards of journalism as have been your tradition with other issues.

PAMELA FREYD, Ph.D., Executive Director
False Memory Syndrome Foundation
Philadelphia, Pennsylvania

Under the letter appeared:

LESLIE BENNETTS REPLIES: *Although false-memory-syndrome activists like to equate ritual-abuse reports with U.F.O. abduction stories, the comparison is dishonest and misleading. Believing the self-proclaimed survivors of U.F.O. abductions requires that one believe in the existence of extraterrestrials who are regularly invading the earth and kidnapping its occupants. Believing the reports offered by ritual-abuse survivors requires only that one believe humankind is capable of rape, torture, infanticide, and cannibalism, all of which are amply documented throughout human history. Moreover, although Ms. Freyd implies otherwise, my article did not take a position on the ritual-abuse controversy; it simply reported both sides. Apparently Ms. Freyd demands that one subscribe to her agenda in order to be deemed journalistically responsible.*

In just 117 words Ms. Bennetts succeeds in documenting two of the more disturbing habits of our critics. Every person who complains about the comparison we're making has so far replied to our question "what is the difference?" by answering that the big difference—the only difference Ms Bennetts cares to mention—between the process that produces memories of U.F.O. abductions and memories of ritual-abuse is that in one case the memories are believable and in the other case they aren't. What is disturbing about this habit is not the answer itself. We like that answer because that is just our point. We are the ones who are suggesting that the major difference between "memories" of abduction by space aliens, satanic conspiracies, past lives and previously unknown abuse is the believability (probability) that it could have happened. Our point is that the processes used to arrive at all these "memories" are the same and involve the sorts of "memory enhancement techniques" about which the AMA has given warning. That being the case, then caution should be used in making precipitous judgments without corroboration. What is disturbing is the lack of critical thinking that might prompt our critics into realizing just that.

The other disturbing habit is seen in therapists who insist that they don't take a stand on the validity of their patients' memories but who also insist on calling their patients *survivors* and their patients' parents *perpetrators*. We have lost count of the number of times that we have had to point out that to be consistent they might try to use the words *accuser* and *accused*. Ms. Bennetts—even while writing that she "did not take a position on the ritual-abuse controversy"—is able to write about *Believing the self-proclaimed survivors of U.F.O. abductions* as opposed to *Believing the reports offered by ritual-abuse survivors*.

SEPTEMBER-OCTOBER FMSF MEETINGS

FAMILIES & PROFESSIONALS NETWORKING TOGETHER

Notices for meetings scheduled in October must reach us by September 25th in order to be included in the October newsletter. Please mail or fax your announcement to Nancy's attention.

PROFESSIONAL SEMINARS

Phoenix, Arizona

October 1, 1993 - all day

False Memory Syndrome: Current
Research and Practical Implications
Paul W. Simpson, Ed.D and Eric Nelson

7-continuing education credits

Call Beth Morris 602-831-1929

Marywood College, Scranton, PA

October 13, 1993

8:00 A.M. to 4:00 P.M.

False Memory Syndrome

Richard Ofshe, Ph.D.

Professor of Sociology, Berkeley

Pulitzer Prize for expose of Synanon

APA-approved program

Call 717-348-6237

WESTERN STATES

ALASKA

Anchorage

Saturday, September 24, 1993 - 1 pm

"Perspectives on Recovered Memories"

Dr. Ganaway tape from FMS Conference:

Dissociative Disorders: Trauma vs.

Conflict/Deficit

For information call Kathleen (907) 333-5248

CALIFORNIA

Sacramento

Saturday, September 18, 1993 - 1- 5 pm

Call Charles or Kay (916) 961-8257

Central Coast Meeting

Saturday, September 11, 1993 - 10 am-1 pm

Saturday, October 9, 1993 - 10 am-1 pm

For details, call Carole or Dan (805) 967-8058

Upland Meeting

1st and 3rd Mondays, 7:30 pm

Contact Marilyn (909) 985-7980

North County Escondido
Wednesday, September 15, 1993 - 7:00 pm
Contact Joe or Marlene (619) 466-5415

Valencia

September 25, October 23

Saturday, 10 am

For details, call Jane (805) 947-4376

SOUTHWESTERN STATES

COLORADO

Denver

4th Saturday each month - 1:00 pm

Cherry Creek Branch, Denver Public Library

3rd & Milwaukee

Contact Roy (303) 221-4816

NEW MEXICO

Albuquerque

Thursday, September 16, 1993 - evening

Guest Speaker: Eleanor Goldstein

Contact Bill (505) 268-6535

ARIZONA

Tempe

Saturday, September 18, 1993 - 9 to 4 pm

Embassy Suites Hotel

Luncheon \$18 at Brown Derby

Guest Speaker: Eleanor Goldstein

Contact Jim (602) 860-8981

or Barbara (602) 924-0975

TEXAS

Houston Area Meeting

Saturday, September 18, 1993, 1-5 pm

Contact Lucy (713) 975-1883

or Pat (713) 785-5746

MIDWESTERN STATES

MICHIGAN

Grand Rapids Area - Jenison

2nd Monday each month

For details, call Catherine (606) 363-1354

KANSAS & MISSOURIANS

Kansas City

"We need your help to educate professionals"

2nd Sunday each month

Call Pat (913) 238-2447 or Jan (816) 276-8964

MINNESOTA STATE MEETING

St. Paul

Kelly Inn, 9 am - 3 pm

For details, call Terry/Colette (507) 642-3630

NORTHEASTERN STATES

WESTERN NEW YORK

Saturday, September 11, 1993 - 1:30 pm
First Presbyterian Church of Pittsford
21 Church St, Pittsford (SE of Rochester, NY)
Call Loni (716) 385-4873

PHILADELPHIA/SOUTH JERSEY Wayne, PA

2nd Saturday each month - 1 pm
Contact Jim or Jo (215) 387-1865 for details

TRI-STATE MEETING

Connecticut/New York/New Jersey
Sunday, September 19, 1993 - 1:00 pm
West Side Jewish Center, Manhattan
Guest Speakers:

Richard Gardner, MD & Steve Hauck, JD
Contact Renee, (718) 428-8583
Grace (201) 337-4278 or Barbara (914) 761-3627

NEW ENGLAND AREA MEETING

Sunday, September 26, 1993 - 1:00 pm
The Carriage House, Chelmsford, MA
Call Jean (508) 250-1055 for details

MARYLAND

State Organization Meeting
for November seminar underway.
For more information,
please contact Milt (410) 647-6339

SOUTHERN STATES

FLORIDA

State-wide Meeting - Orlando
Saturday-Sunday, October 9-10, 1993
Best Western Buena Vista Hotel
For information, call Esther (407) 364-8290
Rose (305) 947-0095 Jackie (813)

OTHER NOTICES

ARIZONA

Nationwide: 'Fight the Problem' Seminars
Call Steve (602) 391-1211
or Barbara (602) 924-0975
or Walter (602) 792-8021

MICHIGAN

The Michigan Information Newsletter
P O Box 15044, Ann Arbor, MI 48106
(313) 461-6213

Notices about meetings and state related topics appear
in this newsletter.

OHIO & KENTUCKY

Greater Cincinnati & Northern Kentucky Area
Interested in forming a support group?
Call Anne (513) 871-2226
or Dixie (606) 356-9309

WISCONSIN

Attention Wisconsin!
If you wish to participate in a telephone tree,
please call Katie or Leo (404) 476-0285.

NATIONAL ORGANIZATIONAL MEETING

Kansas City, October 2 & 3
Interested members, call Nancy for details

CANADA

BRITISH COLUMBIA

Vancouver and Mainland
Saturday, September 18, 1993 - 2:00 pm
For information, call Ruth (604) 925-1539

Victoria & Vancouver Island

Tuesday, September 21, 1993 - 7:30 pm
(3rd Tuesday each month)
Contact John (604) 721-3219

UNITED KINGDOM **AFFILIATED GROUP**

Adult Children Accusing Parents
Parents with relatives in the UK can contact
Roger Scotford at ACAP on (0) 225 868682

Video tapes of Dallas Meeting (8/13/93)

Available for sale
Send self addressed envelope for information
Att: Nancy

Video tapes of Memory and Reality Conference

Available for loan
Send self addressed envelope for information
Att: Nancy

CORRECTION

In the July FMSF Newsletter, an announcement
appeared on page 15 about SIRS new book, *True Stories of False Memories*, by Eleanor Goldstein and
Kevin Farmer. Due to the length of the book--517 pages--the publisher increased the price to \$16.95.

To order, call 1-800-232-7477 or Fax 1-407-994-4704. MasterCard and VISA orders accepted. Mention FMSF and 40% of the cover price will be contributed to the Foundation.

Elsie is a retired Helpline Counsellor in England who, at 74, has a wealth of experience dealing with callers ringing up with their problems, some of which were caused by sexual abuse in their childhood. She wrote the following for the ACAP Newsletter #1 of July 1993.

AH YES, I REMEMBER IT WELL..

So sang the elderly lovers in *Gigi*, although they disagreed about almost all their recollections. Not an unusual state of affairs, for memory is notoriously selective -- and deceptive. It seems to me that, until very recently, nobody would have disputed such a fact. And this is in respect of what might be called ordinary memory. One might think, therefore, that extraordinary memory -- "recalling" events which have been forgotten for years -- should be treated with a double dose of caution.

There is nothing new about False Memory Syndrome, even if it was once called something else. At one time the word *cryptomnesia* was used to describe how a person, usually under the influence of hypnosis or "regressive therapy," would recall events which they could not possibly have witnessed or taken part in. These were explained as being memories of previous lives (the reincarnation theory).

There was the American woman who wrote the "Bridie Murphy" memoirs. Novelist Joan Grant believed that she had experienced previous lives in Ancient Egypt and elsewhere. But the truth of such memories was questioned when another woman claimed previous incarnations in Ancient Rome and Medieval York: a researcher found that the information she had produced was available in various books, including works of fiction. This is not to say, of course, that she was merely fantasizing and certainly not that she was consciously lying -- it was simply that information which she had read or been told about had been stored in her mind, apparently forgotten, and when later reactivated, was presented in the light of what she had come to believe in (i.e. reincarnation), as her own personal experience. How much more likely it is, then, that "this-life" experiences which have been read about, talked about, and suggested may be recycled and presented as having actually occurred. How much more important is it to exercise caution when we encounter a spate of such "memories," all of which relate to claims of having been sexually abused as a child, usually by a parent.

One has only to read the literature on sexual abuse of children to see how theories have progressed, if that's the right word. Freud has been misinterpreted a great deal recently. He did not deny that sexual abuse occurred but came to realize that fantasy was involved in many of the stories he heard. The eminently sensible approach, that sexual abuse as a child *might* result in emotional problems later, i.e. that it was a *possible* explanation of such problems, has recently become distorted into a *probable* explanation, veering further and further to the extreme until it is suggested as almost a *certainty*. Worse still, the reverse argument is put forward: that since sexual abuse leads to emotional prob-

lems, then all emotional problems must be due to sexual abuse. This is patently illogical.

What exactly is "sexual abuse of children"? Most people think of it in terms of the gross and cruel instances which sometimes come to court -- rape, buggery and perverted conduct which would be a crime in any circumstances and especially horrifying if carried out by a parent. But it can also include a whole range of inappropriate actions which may merge almost imperceptibly into what is entirely innocent and quite usual. For example, at what age would it be considered inappropriate for a child to be allowed into a parent's bed? Opinions may well differ. At what age would it be considered inappropriate for a small girl to be helped in the bath and the toilet by her father? Again, opinions, probably differ. But we are in ill-defined territory where different opinions may well lead to different, sinister interpretations.

It is important to realize this, especially when considering the steps which may lead to the False Memory Syndrome.

There are some things so strange only an expert can believe them.

Please let us know the source for this quote which we heard at a recent meeting.

The extensive literature on sex abuse follows a definite script or scenario. Very few such cases ever come to court, since it is difficult for a child to complain against a parent, and even more difficult for a case to be proven. It follows that most of the literature is based on the testimony of people (usually women, but some men) who claim

to have been sexually abused as children, and/or therapists who have been in receipt of such confidences. In other words, it is anecdotal. This does not of course mean that it should not be believed, only that our old friend caution should be listened to. Especially when we read, as we do more and more frequently, about the adult (again usually a woman, but sometimes a man) who, in the course of therapy for emotional problems, suddenly "remembers" that she was abused as a child. These "memories" often cover years of alleged abuse and may go back to an age when it is doubtful that we remember anything, sometimes to babyhood. And the adult who "remembers" may well now be in her thirties, forties or fifties.

The nature of such memory was well illustrated in a recent letter to *The Guardian* in response to an article on False Memory Syndrome. The writer stated that she had "no conscious memory" that her father abused her but that after receiving therapy, she "believed what her body told her" -- whatever that means. Clearly the therapist had told her that her emotional problems were due to sexual abuse as a child and she grasped at this "explanation" as at a lifeline. This process may sound innocuous. In times past she might have been told by the priest that her sufferings were due to her sins, from which he would then absolve her. She would be happy and no one else would suffer. But the "diagnosis" of child abuse may have far-from-innocuous results. The client's unhappiness may be increased and if the desire for revenge takes hold of her -- which it seems often happens -- she pillories her parents, sues them for damages and visits bitterness and strife upon her family. This is surely the very opposite of the healing that ther-

apy is designed to produce, even if the complaint against the parent is genuine.

Most of us could recollect some wrongdoing by our parents, of which sexual abuse may well not be the worst. Few would wish to demolish their lives because of it. Ah! how much more appalling is it when there is not even a conscious memory? One can't help being reminded of the witchcraft panics of the sixteenth and seventeenth centuries. Educated and otherwise intelligent men believed the most absurd nonsense. Demented women believed they flew through the air on broomsticks and others, equally demented, believed they saw them do it. Here also, there was an extensive literature on the subject which lent conviction and authority to the prevailing view on the basis that such an immense body of evidence must be true.

I write as someone completely uninvolved and therefore disinterested and neutral. I was not sexually abused as a child, neither do my adult children accuse me. I am not a professional of any kind, nor am I involved with anyone who has been, or claims to have been, sexually abused. But I did for many years work on a Helpline for people needing to talk about their problems and some of them asserted that they were sexually abused as children. Most of these people remembered their experiences only too well -- for them it is a haunting and oppressive memory. They cannot forget. They want to forget, they try to forget, but they find this an impossible task. They often still feel affection for the abuser and, quite irrationally, guilt. In this respect they are not much different from most victims of physical and emotional abuse, who tend to suffer from a poor "self-image." They reason unconsciously: "I must be a bad person to have attracted such bad treatment."

Those who claim to have suddenly remembered that they were sexually abused as children attract suspicion right from the start because they are so different from the others. They usually have emotional problems, for which they have received treatment and therapy and it is often while receiving therapy that the "memory" surfaces. It is obvious that such vulnerable people are particularly susceptible to the suggestion that they may have been sexually abused as a child and that someone is to blame for their misery -- namely their parents. These "memories" vary from the vague to the astonishingly detailed. One suspects that the accusers have immersed themselves in the literature. Later, in some cases, there are retractions, denials that they were ever abused and admissions that they "made it all up" -- which isn't true either, since at the time they made the claim they had probably been "brainwashed" into believing it. These sad people wander about in a dark area of confusion and uncertainty.

I also appreciate that my experience is only anecdotal, but it is a point of view which, I think, needs to be heard. The people who are falsely accused might not be burned as the witches were, but theirs is a dreadful predicament. One day the wheel will turn full circle and the accusers will be sorry -- perhaps too late for the accused. It was no comfort to the "witches" of Salem to be pardoned centuries after they had been put to death. You might think human beings would learn from the

past. However, in this area, as in so many others, it seems that they do not.

Elsie

We receive many calls from members asking for information about FMSF interviews that have aired on TV. The following two companies make inexpensive transcripts of TV programs and can be contacted directly.

Burrelle's Transcripts
P.O. Box 7
Livingston, NJ 07039
1-800-777-8398

Burrelle's offers "Is Your Repressed Memory a Lie?" aired on the Oprah Winfrey Show, July 26, 1993. Among the guests were Richard Ofshe, Ph.D., Courage to Heal author, Ellen Bass, Melody Gavigan, a retractor, and FMSF members, Jack and Pat Collier.

Journal Graphics, Inc.
1535 Grant St.
Denver, CO 80203
tel 303-831-6400
fax 303-831-8901

JG can provide a list of shows on repressed memories (Set 7321). Contact them for details.

On August 10, an interview with Pamela Freyd, Ph.D., Harold Lief, M.D., an FMSF family and Richard Kluff, M.D., conducted by Jennifer Robinson was aired on 700 Club. To obtain a video call 1800-289-1777. The cost is \$19.95.

FMSF Family Survey - SRA and Religion

At almost every meeting, we are asked about the relationship between belief in Satanic Ritual Abuse Conspiracies and religious activity. The data from the family survey that has been analyzed to date is as follows:

	Coded SRA N = 47	Not SRA N = 239
Very active	33.3%	18.8%
Active "	33.3%	35.5%
Fairly "	10.4%	12.4%
Somewhat "	10.4%	15.1%
Inactive	12.5%	11.4%

According to our data, families who reported SRA accusations were almost twice as likely to report vbeing very active in their religion.

RECOMMENDED READING

The power of nonspecific effects in healing: Implications for psychosocial and biological treatments.

Alan Roberts, Donald Kewman, Lisa Mercier, Mel Hovell
Clinical Psychology Review, Vol 13, pp 375-391, 1993

Although unproven therapies seem to work, people would do even better with scientifically proven treatments

"Those who choose to continue using the concept of repression may do so, but they must do so with the knowledge that, despite sixty years of research, there is no evidence for the concept. I think that our current regulations concerning truth in packaging and protective product warnings should be extended to the concept of repression. The use of the concept might be preceded by some such statement as, Warning. The concept of repression has not been validated with experimental research and its use may be hazardous to the accurate interpretation of clinical behavior."

David S. Holmes
In *Repression and Dissociation*
The University of Chicago Press, 1990

As we prepared to rush this newsletter to the printer, we opened up the *New York Times Science Section*, August 31, 1993, only to find an article that we suspect should be required reading. "Seeing and Imagining: Clues to the Workings of the Mind's Eye." Three quotes of interest:

"It is amazing that imagination and reality are not confused more often, said Dr. Marcia Johnson, a Princeton psychologist who in her laboratory can make people swear that they saw or heard things that never happened. In general, she said, images are fuzzier and less coherent than real memories, and humans are able to differentiate them by how plausible they seem."

"In visual perception," Dr. Kosslyn [of Harvard University] said, "you prime yourself to see an object when you only have part of the picture. If you expect to see an apple, its various fragments can drive the system into producing the image of an apple in your visual buffer. In other words, he said, you prime yourself so much that you actually play the apple tape from your memory banks."

"Thus people can be fooled by their mind's eye," Dr. Kosslyn said.

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Pamela Freyd, Ph.D., Executive Director
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False Memory Syndrome Foundation, Suite 130, 3401 Market St., Philadelphia, PA 19104
September 1, 1993 Article Order Form

___ \$5.00 THE RECOVERY OF MEMORY IN THE LABORATORY AND CLINIC
John F. Kihlstrom, University of Arizona, 1993

Journal or magazine articles

- ___ \$2.00 DANGEROUS OBSESSION: THE TRUTH ABOUT REPRESSED MEMORIES,
by Claire Safran. *McCall's*, June 1993.
- ___ \$2.00 DOORS OF MEMORY, by Ethan Watters. *Mother Jones*, January/February 1993.
- ___ \$2.00 PRESUMED GUILTY, by Andrew Meacham. *Changes* magazine, April, 1993.
- ___ \$2.00 NOTES OF A FRINGE WATCHER, by Martin Gardner. *Skeptical Inquirer*, Summer 1993
- ___ \$1.00 REPRESSED MEMORIES OF CHILDHOOD TRAUMA: ARE THEY GENUINE?
by Elizabeth F. Loftus. *Harvard Health Letter*, February, 1993.

Newspaper Articles

- ___ \$1.00 ABUSED ON THE THERAPIST'S COUCH, Commentary by Mary Anne Sharkey. *The Plain Dealer*, Sunday, February 28, 1993.
- ___ \$1.00 DEVASTATED BY A FALSE ACCUSATION, by Kathy Walsh Nufer.
The Post-Crescent, May 23, 1993.
- ___ \$1.00 FACT OR FICTION, by Mea Andrews. *Missoulian*, February 21, 1993.
- ___ \$1.00 'REMEMBERED' ABUSE CAN FOSTER PROBLEMS, by Pat Taub.
Syracuse Herald American, May 30, 1993.

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